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PTO/SB/01 (6-96)

Approved for use through: 10/31/98 OMB 0651-0032

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

0010/PTO Rev. 6/94	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	M 6487A CC/SPAP
<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>		First Named Inventor	Dee, Gary J.
		COMPLETE IF KNOWN	
		Application Number	10/686,478
		Filing Date	October 14, 2003
		Group Art Unit	1616
<input type="checkbox"/> Declaration Submitted with Initial Filing         OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VEGETABLE SUBSTITUTE FOR LANOLIN

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 118(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(e) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

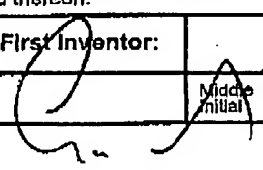
I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/373,973	04/19/2002	<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

Type a plus sign (+) inside this box ☐

M 6487A CC/SPAP

DECLARATION				Page 2	
<p>I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §3652 of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.</p>					
<b>U.S. Parent Application Number</b>	<b>PCT Parent Number</b>	<b>Parent Filing Date (MM/DD/YYYY)</b>	<b>Parent Patent Number (if applicable)</b>		
10/393,149		03/20/2003			
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.					
<p>As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:</p>					
<input type="checkbox"/> Firm Name <span style="border: 1px solid black; display: inline-block; width: 200px; height: 1.2em; vertical-align: middle;"></span> Customer Number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> or label <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>					
<input checked="" type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below:					
Name		Registration Number		Name	
John E. Drach		32,891		Steven J. Trzaska	
Aaron E. Ettelman		42,516		36,296	
<input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.					
<p>Please direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> or label <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> <b>23657</b> OR <input type="checkbox"/> Fill in correspondence address below</p>					
<p>Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p>					
<p>Address <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p>					
<p>City <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> State <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span> Zip <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span></p>					
<p>Country <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> Telephone <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> <b>215-628-1416</b> Fax <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> <b>215-628-1345</b></p>					
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
<p>Name of Sole or First Inventor: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> <input type="checkbox"/> A petition has been filed for this unsigned inventor</p>					
Given Name		Middle Initial		Family Name	
Gary		J.		DEE	
Inventor's Signature		Date		Suffix e.g., Jr.	
		10/23/03			
Residence: City		State		Country	
Gulph Mills		PA		USA	
Post Office Address <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> <b>223 Rebel Hill Road</b>					
Post Office Address <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>					
City		State		Country	
Gulph Mills		PA		USA	
Zip		Applicant Authority			
19428					
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto					

Type a plus sign (+) inside this box ☐

M 6487A CC/SPAP

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Norman			Middle Initial		Family Name	MILSTEIN		Suffix e.g. Jr.		
Inventor's Signature						Date					
Residence: City	Cincinnati			State	OH	Country	USA		Citizenship	USA	
Post Office Address	9716 Zig Zag Road										
Post Office Address											
City	Cincinnati			State	OH	Zip	45242		Country	USA	
									Applicant Authority		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Barry			Middle Initial	A.	Family Name	SALKA		Suffix e.g. Jr.		
Inventor's Signature						Date	11/11/03				
Residence: City	Fair Lawn			State	NJ	Country	USA		Citizenship	USA	
Post Office Address	39-02 Knott Terrace										
Post Office Address											
City	Fair Lawn			State	NJ	Zip	07410		Country	USA	
									Applicant Authority		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Judy			Middle Initial		Family Name	ZHUANG		Suffix e.g. Jr.		
Inventor's Signature						Date	10/22/2003				
Residence: City	Blue Bell			State	PA	Country	USA		Citizenship	P. R. China	
Post Office Address	128 Bayhill Drive										
Post Office Address											
City	Blue Bell			State	PA	Zip	19422		Country	USA	
									Applicant Authority		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Stefan			Middle Initial		Family Name	BRUENING		Suffix e.g. Jr.		
Inventor's Signature						Date	10/28/2003				
Residence: City	Philadelphia			State	PA	Country	USA		Citizenship	Germany	
Post Office Address	32 East Springfield Avenue										
Post Office Address											
City	Philadelphia			State	PA	Zip	19118		Country	USA	
									Applicant Authority		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto											



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 PTO/SB/01 (6-85)  
 Approved for use through: 10/31/98 OMB 0651-0032  
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0010/PTO Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number First Named Inventor	M 6487A CC/SPAP Dee, Gary J.
<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>		<b>COMPLETE IF KNOWN</b>	
<input type="checkbox"/> Declaration Submitted with Initial Filing		<input type="checkbox"/> Declaration Submitted after Initial Filing	
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:  
 My residence, post office address, and citizenship are as stated below next to my name.  
 I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below)  
 of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**VEGETABLE SUBSTITUTE FOR LANOLIN**

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) \_\_\_\_\_ as United States Application Number or PCT International

Application Number \_\_\_\_\_ and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed		Certified Copy Attached?	
			YES	NO	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/373,973	04/19/2002	<input type="checkbox"/>

**Burden Hour Statement:** This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

Type a plus sign (+) inside this box ☐ M 6487A CC/SPAP

DECLARATION		Page 2	
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U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
10/393,149		03/20/2003	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.			
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:			
<input type="checkbox"/> Firm Name <span style="border: 1px solid black; display: inline-block; width: 200px; height: 1.2em; vertical-align: middle;"></span>		Customer Number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> or label <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>	
<input checked="" type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below:			
Name	Registration Number	Name	Registration Number
John E. Drach	32,891	Steven J. Trzaska	36,296
Aaron E. Ettelman	42,516		
<input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.			
Please direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> or label <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		23657	OR <input type="checkbox"/> Fill in correspondence address below
Name			
Address			
Address			
City	State	Zip	
Country	Telephone	Fax	
	215-628-1416	215-628-1345	
hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Gary	Middle Initial	J.
		Family Name	DEE
Inventor's Signature			Date
Residence: City	Gulph Mills	State	PA
		Country	USA
Post Office Address	223 Rebel Hill Road		
Post Office Address			
City	Gulph Mills	State	PA
		Zip	19428
		Country	USA
		Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto			

Type a plus sign (+) inside this box ☐

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Norman			Middle Initial		Family Name	MILSTEIN			Suffix e.g. Jr.			
Inventor's Signature	<i>Norman Milstein</i>						Date	10/24/07					
Residence: City	Cincinnati			State	OH	Country	USA			Citizenship	USA		
Post Office Address	9715 Zig Zag Road												
Post Office Address													
City	Cincinnati			State	OH	Zip	45242		Country	USA		Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Barry			Middle Initial	A.	Family Name	SALKA			Suffix e.g. Jr.			
Inventor's Signature							Date						
Residence: City	Fair Lawn			State	NJ	Country	USA			Citizenship	USA		
Post Office Address	39-02 Knott Terrace												
Post Office Address													
City	Fair Lawn			State	NJ	Zip	07410		Country	USA		Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Judy			Middle Initial		Family Name	ZHUANG			Suffix e.g. Jr.			
Inventor's Signature							Date						
Residence: City	Blue Bell			State	PA	Country	USA			Citizenship	P. R. China		
Post Office Address	128 Bayhill Drive												
Post Office Address													
City	Blue Bell			State	PA	Zip	19422		Country	USA		Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Stefan			Middle Initial		Family Name	BRUENING			Suffix e.g. Jr.			
Inventor's Signature							Date						
Residence: City	Philadelphia			State	PA	Country	USA			Citizenship	Germany		
Post Office Address	32 East Springfield Avenue												
Post Office Address													
City	Philadelphia			State	PA	Zip	19118		Country	USA		Applicant Authority	
<input type="checkbox"/> Additional Inventors are being named on supplemental sheet(s) attached hereto													